PATENT APPLICATION FEE DETERMINATION RECORD (199904 -00028												
CLAIMS AS FILED - PART I									NITITY			
_			(Colum	n 1)	(Coli	umn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 355.00		BASIC FEE	
TOTAL CHARGEABLE CLAIMS					. 4			X\$ 9=	72	OR		
INDEPENDENT CLAIMS			minus 3 =		*			X40=	 	1	Váa.	
MULTIPLE DEPENDENT CLAIM PRESENT								740=	 	OR	X80=	
*	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2		+135=	135	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	Z62	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OB	OTHER	
AMENDMENT A		CLAIMS		HIGH	EST	(Column 3)	lr	OWALL	ADDI-	OR 1 I	SWALL	_
		REMAINING AFTER AMENDMENT		PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FINOT PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+135=		1 1	+270=	
							L	TOTAL		OR	TOTAL	
:		(Column 1)		(Colum	n (1)	(Caluma 0)	Α	DDIT. FEE		OR,	ADDIT. FEE	•
AMENDMENT B	e magge, angun	CLAIMS		HIGHE	ST	(Column 3)	Г		ADDI-			4001
		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	01 4/44	=	T	X40=		OR	X80=	
		MIATION OF MO	LIIFLE DEI	CINDENT	CLAIM			+135=		•	+270=	
	•						L	TOTAL		OR	TOTAL	
		(Calumn 4)		6			Α[ODIT. FEE		OR A	DDIT. FEE	
	* ***	(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	_			_		<u>.</u>
MEN		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	i	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	-	X40=		ŀ		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,40=		OR	X80=	
• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								(OR	+270=	- [
***!!	the "Highest Nun the "Highest Nur	mber Previously Pai mber Previously Pai ber Previously Paid	d For" IN THIS d For" IN THIS	S SPACE is I S SPACE is I	ess than	20, enter "20."		TOTAL DIT. FEE		OR Al	TOTAL DDIT. FEE	
				•	•						1.	

olication or Docket Number